



MONROE COUNTY DEPARTMENT OF PUBLIC HEALTH
LEAD HAZARD CONTROL & HEALTHY HOME GRANT (2010 – 2012)
\$5500 REIMBURSEMENT GRANT FACT SHEET/APPLICATION

Grant Overview

The *Monroe County Department of Public Health* was awarded Lead Based Paint Hazard Control Funds by the *U.S. Department of Housing and Urban Development*. Monroe County will provide Lead and Healthy Home funding up to \$5500 to eligible City of Rochester residential property owners who own pre-1978 housing units with 1 or more bedrooms that have lead hazards. The primary housing objectives are to incorporate Lead Hazard Control, Healthy Home Interventions and Energy Efficiency measures into 350 City of Rochester housing units occupied or to be occupied by low income tenants with young children. All lead hazard control work will be conducted by EPA Certified Lead Abatement and Renovation Firms.

In addition to lead hazards, each unit will be evaluated for the need for Healthy Home Interventions. Housing conditions to be evaluated include; moisture, need for integrated pest management, fire safety, carbon monoxide safety, general sanitation and housing safety issues such as adequate lighting. The Grant Work Plan will identify all conditions requiring intervention. At a minimum, Fire extinguishers, Smoke and Carbon Monoxide alarms, furnace filters will be required to be properly installed and all rooms and hallways must have adequate lighting in existing fixtures. Up to \$200 of the \$5500 grant can be used for these Healthy Home Interventions. In an effort to increase the energy efficiency of targeted units, the grant will require minimum efficiency criteria for all replaced windows and exterior doors. Replaced components will have a U-factor ≤ 0.30 .

Owners who are approved for funding are required to leverage all additional Lead Hazard Control and Healthy Home Intervention costs beyond the reimbursable \$5500.

Eligibility Requirements

- City of Rochester properties housing children ≤ 6 years of age will be prioritized as will properties housing a child ≤ 6 years of age with a recent venous blood lead test $\geq 10\mu\text{g/dl}$.
- For grants made to assist rental housing, at least 50% of the units will be occupied by or made available to families with incomes $\leq 50\%$ MFI and the remaining units will be occupied or made available to families with incomes $\leq 80\%$ of MFI, and in all cases the property owner will give priority in renting units, for not less than 3 years following the completion of Lead Hazard Control, to low income families with a child < 6 years old.
- For grants made to assist owner-occupants, all units will be the principal residence of families with income $\leq 80\%$ of MFI where a child < 6 years spends 6 or more hours per week.
- Applicant units must be located in the City of Rochester, be built before 1978, have lead hazards and have 1 or more bedrooms. Units with extensive lead hazards will be prioritized for enrollment.
- Owner must be current on all Monroe County payments, taxes and City of Rochester taxes.
- Owner must agree to retain property for 3 years from the date of project completion.
- Owners and Property Managers must attend a *Lead Safe Work Practice* Class offered free by Monroe County. To register for free monthly training call **(866) 850-5280, Extension 109**.
- All applicant properties must be structurally sound with full electrical wiring in place and have working plumbing and heating as a condition of grant approval. An Interior and Exterior site visit by Monroe County Grant Staff prior to approval will verify unit is eligible for funding.
- All children < 6 years of age must have a blood lead test within 6 months of start of lead work.
- Head of Household/Tenant must agree to complete a *Healthy Home Intervention Survey*.

How to Apply?

Complete Grant Application and submit all required documentation. After funding is approved Owner must sign a *Monroe County Grant Agreement*. Monroe County will conduct a Combined Lead Based Paint/Risk Assessment & Healthy Home Inspection. Options to control all identified lead paint, dust, soil and healthy home hazards will be provided. After Owner selects an EPA Certified Lead Abatement/Renovation firm, a Work Plan to control all hazards will be developed. Monroe County will monitor the job then conduct a final Clearance to assure all hazards were addressed. After final Clearance reimbursement up to \$5500 will be provided to owner for approved work. **For Additional Grant Information visit <http://www.monroecounty.gov/eh-hudgrant.php>**

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COMPLETE 1 APPLICATION PER UNIT

CHECK TYPE OF HOUSING UNIT:

☐ **ELEVATED BLOOD LEAD UNIT**

ELEVATED BLOOD LEAD UNITS: UNITS HOUSING A CHILD ≤ 6 YEARS OF AGE WITH A VENOUS BLOOD LEAD LEVEL ≥ 10 $\mu\text{g/dl}$ WILL BE GIVEN PRIORITY ENROLLMENT. CHILD MUST SPEND 6 OR MORE HOURS/WEEK AT THIS UNIT. RESIDENTS MUST MEET MEDIAN FAMILY INCOME GUIDELINES. COMPLETE ALL SECTIONS (3 PAGES), SIGN FORM AND PROVIDE REQUESTED DOCUMENTATION. PROPERTY OWNER AND TENANT MUST SIGN APPLICATION. TENANT INCOME DOCUMENTATION MUST BE SUBMITTED WITH APPLICATION. COMPLETE ALL SECTIONS (3 PAGES), SIGN FORM AND PROVIDE REQUESTED DOCUMENTATION. ASSIST TENANT WITH THE COMPLETION OF SECTIONS V & VI OF THIS APPLICATION.

☐ **OCCUPIED RENTAL UNIT**

OCCUPIED RENTAL UNITS: ALL TENANTS MUST MEET MEDIAN FAMILY INCOME GUIDELINES. OCCUPANCY BY CHILDREN UNDER THE AGE OF 6 YEARS IS NOT REQUIRED HOWEVER APPLICATIONS FOR UNITS HOUSING YOUNG CHILDREN WILL BE GIVEN PRIORITY. UPON UNIT TURN OVER, OWNER MUST GIVE PRIORITY TO RENTING TO LOW INCOME TENANTS WITH CHILDREN. PROPERTY OWNER AND TENANT MUST SIGN APPLICATION. TENANT INCOME DOCUMENTATION MUST BE SUBMITTED WITH APPLICATION. COMPLETE ALL SECTIONS (3 PAGES), SIGN FORM AND PROVIDE REQUESTED DOCUMENTATION. ASSIST TENANT WITH THE COMPLETION OF SECTIONS V & VI OF THIS APPLICATION.

☐ **VACANT RENTAL UNIT**

VACANT RENTAL UNITS: IF UNIT IS VACANT, OWNER MUST GIVE PRIORITY TO RENTING TO LOW OR VERY LOW INCOME TENANTS WITH CHILDREN. COMPLETE ALL SECTIONS RELEVANT TO VACANT UNITS. COMPLETE ALL SECTIONS (3 PAGES), SIGN FORM AND PROVIDE REQUESTED DOCUMENTATION.

☐ **OWNER OCCUPIED UNIT**

OWNER OCCUPIED UNITS: UNIT MUST BE PRINCIPAL RESIDENCE OF FAMILY WITH INCOME $\leq 80\%$ MEDIAN FAMILY INCOME WHERE A CHILD < 6 YEARS OF AGE SPENDS 6 OR MORE HOURS PER WEEK. COMPLETE ALL SECTIONS (3 PAGES), SIGN FORM AND PROVIDE REQUESTED DOCUMENTATION.

2009 MEDIAN FAMILY INCOME
(Based On \$66,500 for Family of 4, Rochester, New York)

	Very Low Income	Low Income
Family Size	50 %	80 %
1	\$23,300	\$37,250
2	\$26,600	\$42,550
3	\$29,950	\$47,900
4	\$33,250	\$53,200
5	\$35,900	\$57,450
6	\$38,550	\$61,700
7	\$41,250	\$65,950
8	\$43,900	\$70,200

SECTION I - GRANT APPLICATION PROPERTY ADDRESS (SPECIFY UNIT/APARTMENT NUMBER):

Property Address: _____, _____ Rochester, NY _____ Census Tract: _____
(Street #, Street Name) (Apt/Unit #) (Zip Code)

Property is a: ☐ Single Family ☐ Two Unit ☐ Three Unit ☐ Four Unit ☐ Other _____

Year Home Built: _____ (year) Number of Bedrooms in Specified Unit/Apartment: _____

Total # of Rooms in Unit _____ Housing Unit Area _____ (square feet)

Certificate of Occupancy Inspection Date: _____ ☐ Pass ☐ Fail Quality Housing Inspection Date: _____ ☐ Pass ☐ Fail

City of Rochester Lead Code Inspection Date: _____ ☐ Pass ☐ Fail

SECTION II - PROPERTY OWNER/CORPORATION INFORMATION:

Property Owner OR Corporation Name: _____
☐ Mr. ☐ Mrs. ☐ Ms. (First Name) (Last Name) / Corporation Name

Property Owner Address: _____, _____, _____, _____
(Street # & Name) (City) (State) (Zip Code)

If Owned By A Corporation, Please Provide Contact Name: _____

Contact Phone Numbers: (home) _____ (work) _____ (cell) _____

Corp. Tax ID # or Social Security # of Owner (Required for Contract): _____

☐ ATTACH COPY OF PROPERTY DEED AS PROOF OF OWNERSHIP

☐ ATTACH DOCUMENTATION FOR CORPORATIONS/LLC's INCLUDING A LISTING OF ALL MEMBERS. DOCUMENTATION INDICATING WHO HAS LEGAL AUTHORITY TO CONDUCT BUSINESS FOR CORPORATION (MINUTES OF MEETING) MUST ALSO BE PROVIDED.

SECTION III – LEAD SAFE WORK PRACTICES TRAINING

Property Owner(s) and Property Manager(s) must show proof of attendance to a HUD approved “Lead Safe Work Practices” Class.

Property Owner(s) Trained in LSWP? ☐ Yes ☐ No Training Date _____

Local Property Manager Name: _____ Trained in LSWP ? ☐ Yes ☐ No Training Date _____

☐ ATTACH COPIES OF LSWP TRAINING CERTIFICATE FOR ALL OWNERS AND MANAGERS.

SECTION IV - PROPERTY TAXES & MONROE COUNTY PAYMENTS:

Are ALL Monroe County Property taxes paid for all properties owned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any money owed to Monroe County including the Department of Human Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are ALL City of Rochester Taxes Paid for all properties owned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: Information will be verified through the Monroe County Department of Treasury, Department of Human Services and City of Rochester Property Tax Department. If money is due, grant will be denied. Prior to submitting grant application ensure that no payments are due.

SECTION V – RENTAL PROPERTY TENANT & OWNER OCCUPIED HOUSEHOLD INFORMATION:

Head of the Household: _____
☐ Mr. ☐ Mrs. ☐ Ms. (First Name) (Last Name) (Date of Birth)

Total # of People in Household: _____ Total # of Children < 6 Years of Age _____ # Hrs/Week Children spend in Unit: _____

Phone Numbers: (home) _____ (work) _____ (cell) _____

☐ IF CHILDREN DO NOT RESIDE IN UNIT, ATTACH A LETTER STATING THE PRIMARY RESIDENCE OF CHILD, PARENT/GUARDIAN AND CONTACT PHONE NUMBER. LETTER ALSO MUST STATE THE NUMBER OF HOURS PER WEEK CHILD SPENDS AT APPLICANT'S UNIT. LETTER MUST BE SIGNED AND DATED BY BOTH THE TENANT OF APPLICANT UNIT AND PARENT/GUARDIAN OF CHILDREN.

☐ ATTACH COPY OF BIRTH CERTIFICATES FOR ALL CHILDREN UNDER 6 YEARS OF AGE.

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SECTION V (Continued):

List Below all persons Residing in this home (Attach additional pages if necessary)

First & Last Name	Relationship to Head of Household	Date of Birth	Sex	If less than 6 years of age, is child on Medicaid?	*If less than 6 years of age Date of Most Recent Lead Test.
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	

* Blood Lead Testing will be verified by the Monroe County Department of Public Health. All Children under the age of 6 Years of age must obtain a Blood Lead Test within 6 months of initiation of physical lead hazard control work. Parents should contact their Primary Care Physician to obtain current blood lead tests.

SECTION VI – RENTAL PROPERTY TENANT & OWNER OCCUPIED HOUSEHOLD INCOME:

Indicate the amount of income, by source for all members of the household AGE 18 AND OVER. Attach Required Income Documentation. Applications that are not complete or which are submitted without proper documentation will be returned, which will delay approval of application.

\$ _____ **WAGES AND SALARIES:** Please submit a copy of your most recent Federal Income Tax Return, 4 current consecutive pay stub(s), wage statement(s) for all wage earners in household.

\$ _____ **SOCIAL SECURITY STATEMENT OR SSI BENEFITS:** Please submit a letter or statement indicating monthly benefits.

\$ _____ **OTHER INCOME:** Please submit all available documentation of any other income you may receive, whether or not this income is taxable. Other incomes may include; Public Assistance (DHS County “Notice of Decision – Public Assistance Benefits” or Federal Subsidized Section 8), Unemployment, Worker’s Compensation, etc.)

\$ _____ **TOTAL GROSS INCOME**

I certify that the information provided on this application, to the best of my knowledge is true and correct. As a head of household/tenant I agree to complete a Healthy Home Intervention survey. The County of Monroe is hereby authorized to verify this information in any appropriate manner.

* Signed (Applicant – Property Owner) _____ Date: _____

* Signed (Head of Household/Tenant) _____ Date: _____

*** All signatures must be original.**

Return Application & Required Documentation to:

Monroe County Department of Public Health

Bureau of Sanitation - HUD LHC Grant

111 Westfall Road - Room 908

P.O. Box 92832, Rochester, New York 14692

(585) 753-5571